## ISSUE SLIP STAPLE AREA (for additional cross references) ID NO. INITIALS DATE **POSITION FEE DETERMINATION** O.I.P.E. CLASSIFIER FORMALITY REVIEW RESPONSE FORMALITY REVIEW. **INDEX OF CLAIMS** ..... Non-elected ..... Rejected ..... Allowed ...... Interference ..... Appeal (Through numeral)... Canceled O ...... Objected ..... Restricted 1.4 Date Claim Date Claim Final Original Final Original

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